

**2009 DRAFTING REQUEST**

**Bill**

Received: **02/15/2010**

Received By: **csundber**

Wanted: **As time permits**

Companion to LRB:

For: **Pat Kreitlow (608) 266-7511**

By/Representing: **Matt Pagel**

May Contact:

Drafter: **csundber**

Subject: **Occupational Reg. - prof lic**

Addl. Drafters:

Extra Copies:

Submit via email: **YES**

Requester's email: **Sen.Kreitlow@legis.wisconsin.gov**

Carbon copy (CC:) to: **christopher.sundberg@legis.wisconsin.gov**

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**Pre Topic:**

No specific pre topic given

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**Topic:**

Authorize physician assistants to perform medically related actions currently performed by advanced practice nurses

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**Instructions:**

See attached

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**Drafting History:**

<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	csundber 02/16/2010	nmatzke 02/25/2010		_____			S&L
/1			jfrantze 02/26/2010	_____	sbasford 02/26/2010	mbarman 04/12/2010	

FE Sent For:

<END>

→ At Intro.

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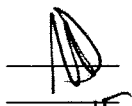
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**Instructions:**

See attached

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<u>Vers.</u>	<u>Drafted</u>	<u>Reviewed</u>	<u>Typed</u>	<u>Proofed</u>	<u>Submitted</u>	<u>Jacketed</u>	<u>Required</u>
/?	csundber	/1 NW7 2/24		 * JF 2/26			
FE Sent For:							
<END>							

## **Sundberg, Christopher**

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**From:** Pagel, Matt  
**Sent:** Monday, February 15, 2010 3:53 PM  
**To:** Sundberg, Christopher  
**Subject:** PA Draft info

**Attachments:** 2005 AB 683.pdf; 2005 AB 683 Amend Memo.pdf

So here is what I understand, the bill originally designed to give Advance Practice Nurses (APNPs) and Physician Assistants (PAs) some statutory authority for a variety of things they are trained to do. PAs were not represented at the time so what really happened is unclear, but what they are able to tell me is that just before or just after hearing they were told that due to some undefined "concerns" on the part of the Medical Society (which they had not been informed of) the bill was going to be amended to remove PAs but the author would continue to work with them to get their part through. She did not and I am trying to draft a bill that would include them along with the APNP's.



2005 AB 683.pdf  
(76 KB)



2005 AB 683  
Amend Memo.pdf (36 KB)

**Matthew Pagel**  
**Office of Senator Pat Kreitlow**  
**Wisconsin State Senate - 23rd District**  
**Room 10 South - State Capitol**  
**PO Box 7882**  
**Madison, WI 53703-7882**  
**Phone: 608-266-7511 or 888-437-9436**  
**Matt.Pagek@legis.wisconsin.gov**



In: 2/10/10

State of Wisconsin  
2009 - 2010 LEGISLATURE

LRB-4339~~A~~ *DMNR*

CTS: | : ...

nwn

2009 BILL

**PRELIMINARY DRAFT - NOT READY FOR INTRODUCTION**

SA ✓  
x-ref ✓

Gen.

1 AN ACT ...; relating to: authorizing medically related actions by physician  
2 assistants. ✓

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*Analysis by the Legislative Reference Bureau*

INSERT A

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*The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:*

3 SECTION 1. 50.01 <sup>X</sup>(4p) of the statutes is created to read:  
4 50.01 (4p) "Physician assistant" has the meaning given in s. 448.01 (6). ✓  
5 SECTION 2. 50.09 (1) (a) (intro.) of the statutes is amended to read:  
6 50.09 (1) (a) (intro.) Private and unrestricted communications with the  
7 resident's family, physician, physician assistant, ✓ advanced practice nurse prescriber,  
8 attorney, and any other person, unless medically contraindicated as documented by  
9 the resident's physician, physician assistant, ✓ or advanced practice nurse prescriber  
10 in the resident's medical record, except that communications with public officials or

1 with the resident's attorney shall not be restricted in any event. The right to private  
2 and unrestricted communications shall include, but is not limited to, the right to:✓

**History:** 1975 c. 119, 199; 1977 c. 170 s. 33; Stats. 1977 s. 50.09; 1979 c. 175, 221; 1987 a. 27; 1989 a. 31; 1991 a. 39; 1997 a. 27, 114, 175; 2005 a. 187, 387; 2007 a. 97; 2009 a. 28.

3 **SECTION 3.** 50.09 (1) (f) 1. of the statutes, as affected by 2009 Wisconsin Act 28,  
4 is amended to read:

5 50.09 (1) (f) 1. Privacy for visits by spouse or domestic partner. If both spouses  
6 or both domestic partners under ch. 770 are residents of the same facility, the spouses  
7 or domestic partners shall be permitted to share a room unless medically  
8 contraindicated as documented by the resident's physician, physician assistant, or  
9 advanced practice nurse prescriber in the resident's medical record.✓

**History:** 1975 c. 119, 199; 1977 c. 170 s. 33; Stats. 1977 s. 50.09; 1979 c. 175, 221; 1987 a. 27; 1989 a. 31; 1991 a. 39; 1997 a. 27, 114, 175; 2005 a. 187, 387; 2007 a. 97; 2009 a. 28.

10 **SECTION 4.** 50.09 (1) (h) of the statutes is amended to read:

11 50.09 (1) (h) Meet with, and participate in activities of social, religious, and  
12 community groups at the resident's discretion, unless medically contraindicated as  
13 documented by the resident's physician, physician assistant, or advanced practice  
14 nurse prescriber in the resident's medical record.✓

**History:** 1975 c. 119, 199; 1977 c. 170 s. 33; Stats. 1977 s. 50.09; 1979 c. 175, 221; 1987 a. 27; 1989 a. 31; 1991 a. 39; 1997 a. 27, 114, 175; 2005 a. 187, 387; 2007 a. 97; 2009 a. 28.

15 **SECTION 5.** 50.09 (1) (k) of the statutes is amended to read:

16 50.09 (1) (k) Be free from mental and physical abuse, and be free from chemical  
17 and physical restraints except as authorized in writing by a physician, physician  
18 assistant, or advanced practice nurse prescriber for a specified and limited period of  
19 time and documented in the resident's medical record. Physical restraints may be  
20 used in an emergency when necessary to protect the resident from injury to himself  
21 or herself or others or to property. However, authorization for continuing use of the  
22 physical restraints shall be secured from a physician, physician assistant, or  
23 advanced practice nurse prescriber within 12 hours.✓ Any use of physical restraints

1 shall be noted in the resident's medical records. "Physical restraints" includes, but  
2 is not limited to, any article, device, or garment that interferes with the free  
3 movement of the resident and that the resident is unable to remove easily, and  
4 confinement in a locked room.✓

**History:** 1975 c. 119, 199; 1977 c. 170 s. 33; Stats. 1977 s. 50.09; 1979 c. 175, 221; 1987 a. 27; 1989 a. 31; 1991 a. 39; 1997 a. 27, 114, 175; 2005 a. 187, 387; 2007 a. 97; 2009 a. 28.

5 **SECTION 6. 50.49 (1) (b) (intro.)** of the statutes is amended to read:

6 50.49 (1) (b) (intro.) "Home health services" means the following items and  
7 services that are furnished to an individual, who is under the care of a physician,  
8 physician assistant, or advanced practice nurse prescriber, by a home health agency,  
9 or by others under arrangements made by the home health agency, that are under  
10 a plan for furnishing those items and services to the individual that is established  
11 and periodically reviewed by a physician, physician assistant, or advanced practice  
12 nurse prescriber and that are, except as provided in subd. 6., provided on a visiting  
13 basis in a place of residence used as the individual's home.✓

**History:** 1981 c. 93 ss. 162 to 166, 184; 1989 a. 31, 316; 1993 a. 27 s. 279; Stats. 1993 s. 50.49; 1993 a. 482; 1995 a. 225; 1997 a. 27, 237; 1999 a. 9, 83; 2005 a. 187; 2007 a. 20; 2009 a. 28.

14 **SECTION 7. 70.47 (8) (intro.)** of the statutes is amended to read:

15 70.47 (8) HEARING. (intro.) The board shall hear upon oath all persons who  
16 appear before it in relation to the assessment. The board shall hear upon oath, by  
17 telephone, all ill or disabled persons who present to the board a letter from a  
18 physician, osteopath, physician assistant, as defined in s. 448.01 (6),✓ or advanced  
19 practice nurse prescriber certified under s. 441.16 (2) that confirms their illness or  
20 disability. The board at such hearing shall proceed as follows:✓

**History:** 1973 c. 90; 1975 c. 151, 199, 427; 1977 c. 29 ss. 755, 1647 (8); 1977 c. 273; 1977 c. 300 ss. 2, 8; 1977 c. 414; 1979 c. 34 ss. 878 to 880, 2102 (46) (b); 1979 c. 95, 110, 355; 1981 c. 20, 289; 1983 a. 192, 219, 432; 1985 a. 39; 1985 a. 120 ss. 155, 3202 (46); 1985 a. 188 s. 16; 1987 a. 27, 139, 254, 378, 399; 1989 a. 31; 1991 a. 39, 156, 218, 315, 316; 1993 a. 82, 307; 1997 a. 237, 252, 283; 2001 a. 109; 2005 a. 187; 2007 a. 86.

21 **SECTION 8. 146.82 (3) (a)** of the statutes is amended to read:

22 146.82 (3) (a) Notwithstanding sub. (1), a physician, physician assistant, as  
23 defined in s. 448.01 (6),✓ or advanced practice nurse prescriber certified under s.

1 441.16 (2) who treats a patient whose physical or mental condition in the physician's,  
2 physician assistant's, or advanced practice nurse prescriber's judgment affects the  
3 patient's ability to exercise reasonable and ordinary control over a motor vehicle may  
4 report the patient's name and other information relevant to the condition to the  
5 department of transportation without the informed consent of the patient.✓

**History:** 1979 c. 221; 1983 a. 398; 1985 a. 29, 241, 332, 340; 1987 a. 40, 70, 127, 215, 233, 380, 399; 1989 a. 31, 102, 334, 336; 1991 a. 39; 1993 a. 16, 27, 445, 479; 1995 a. 98, 169, 417; 1997 a. 35, 114, 231, 272, 292, 305; 1999 a. 32, 78, 83, 114, 151; 2001 a. 38, 59, 69, 105; 2003 a. 281; 2005 a. 187, 344, 387, 388, 434; 2007 a. 20 s. 9121 (6) (a); 2007 a. 45, 186, 108, 139; 2009 a. 28.

6 **SECTION 9.** 252.01 (5) of the statutes is created to read:

7 252.01 (5) "Physician assistant" has the meaning given in s. 448.01 (6).✓

8 **SECTION 10.** 252.07 (8) (a) 2. of the statutes is amended to read:

9 252.07 (8) (a) 2. The department or local health officer provides to the court a  
10 written statement from a physician, physician assistant, or advanced practice nurse  
11 prescriber that the individual has infectious tuberculosis or suspect tuberculosis.✓

**History:** 1971 c. 158; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1993 a. 27 s. 296, 472; Stats. 1993 s. 252.07; 1993 a. 490; 1999 a. 9 ss. 2400rg to 2400rp, 2400ru; 2005 a. 187; 2009 a. 28.

12 **SECTION 11.** 252.07 (9) (c) of the statutes is amended to read:

13 252.07 (9) (c) If the court orders confinement of an individual under this  
14 subsection, the individual shall remain confined until the department or local health  
15 officer, with the concurrence of a treating physician, physician assistant, or advanced  
16 practice nurse prescriber, determines that treatment is complete or that the  
17 individual is no longer a substantial threat to himself or herself or to the public  
18 health. If the individual is to be confined for more than 6 months, the court shall  
19 review the confinement every 6 months.✓

**History:** 1971 c. 158; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1993 a. 27 s. 296, 472; Stats. 1993 s. 252.07; 1993 a. 490; 1999 a. 9 ss. 2400rg to 2400rp, 2400ru; 2005 a. 187; 2009 a. 28.

20 **SECTION 12.** 252.11 (2) of the statutes is amended to read:

21 252.11 (2) An officer of the department or a local health officer having  
22 knowledge of any reported or reasonably suspected case or contact of a sexually  
23 transmitted disease for which no appropriate treatment is being administered, or of



1 an actual contact of a reported case or potential contact of a reasonably suspected  
2 case, shall investigate or cause the case or contact to be investigated as necessary.  
3 If, following a request of an officer of the department or a local health officer, a person  
4 reasonably suspected of being infected with a sexually transmitted disease refuses  
5 or neglects examination by a physician, physician assistant, or advanced practice  
6 nurse prescriber or treatment, an officer of the department or a local health officer  
7 may proceed to have the person committed under sub. (5) to an institution or system  
8 of care for examination, treatment, or observation.✓

**History:** 1971 c. 42, 125; 1973 c. 90; 1975 c. 6; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1991 a. 269; 1993 a. 27 s. 297; Stats. 1993 s. 252.11; 1993 a. 32; 1995 a. 77; 1999 a. 188; 2005 a. 187.

9 **SECTION 13.** 252.11 (4) of the statutes is amended to read:

10 252.11 (4) If a person infected with a sexually transmitted disease ceases or  
11 refuses treatment before reaching what in a physician's, physician assistant's, or  
12 advanced practice nurse prescriber's opinion is the noncommunicable stage, the  
13 physician or advanced practice nurse prescriber shall notify the department. The  
14 department shall <sup>1</sup> without delay take the necessary steps to have the person  
15 committed for treatment or observation under sub. (5), or shall notify the local health  
16 officer to take these steps.✓

**History:** 1971 c. 42, 125; 1973 c. 90; 1975 c. 6; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1991 a. 269; 1993 a. 27 s. 297; Stats. 1993 s. 252.11; 1993 a. 32; 1995 a. 77; 1999 a. 188; 2005 a. 187.

17 **SECTION 14.** 252.11 (5) of the statutes is amended to read:

18 252.11 (5) Any court of record may commit a person infected with a sexually  
19 transmitted disease to any institution or may require the person to undergo a system  
20 of care for examination, treatment, or observation if the person ceases or refuses  
21 examination, treatment, or observation under the supervision of a physician,  
22 physician assistant, or advanced practice nurse prescriber. The court shall summon  
23 the person to appear on a date at least 48 hours, but not more than 96 hours, after

1 service if an officer of the department or a local health officer petitions the court and  
2 states the facts authorizing commitment. If the person fails to appear or fails to  
3 accept commitment without reasonable cause, the court may cite the person for  
4 contempt. The court may issue a warrant and may direct the sheriff, any constable,  
5 or any police officer of the county immediately to arrest the person and bring the  
6 person to court if the court finds that a summons will be ineffectual. The court shall  
7 hear the matter of commitment summarily. Commitment under this subsection  
8 continues until the disease is no longer communicable or until other provisions are  
9 made for treatment that satisfy the department. The certificate of the petitioning  
10 officer is prima facie evidence that the disease is no longer communicable or that  
11 satisfactory provisions for treatment have been made.✓

**History:** 1971 c. 42, 125; 1973 c. 90; 1975 c. 6; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1991 a. 269; 1993 a. 27 s. 297; Stats. 1993 s. 252.11; 1993 a. 32; 1995 a. 77; 1999 a. 188; 2005 a. 187.

12 **SECTION 15.** 252.11 (7) of the statutes is amended to read:

13 252.11 (7) Reports, examinations and inspections and all records concerning  
14 sexually transmitted diseases are confidential and not open to public inspection, and  
15 may not be divulged except as may be necessary for the preservation of the public  
16 health, in the course of commitment proceedings under sub. (5), or as provided under  
17 s. 938.296 (4) or (5) or 968.38 (4) or (5). If a physician, physician assistant, or  
18 advanced practice nurse prescriber has reported a case of sexually transmitted  
19 disease to the department under sub. (4), information regarding the presence of the  
20 disease and treatment is not privileged when the patient, physician, physician  
21 assistant, or advanced practice nurse prescriber is called upon to testify to the facts  
22 before any court of record.✓

**History:** 1971 c. 42, 125; 1973 c. 90; 1975 c. 6; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1991 a. 269; 1993 a. 27 s. 297; Stats. 1993 s. 252.11; 1993 a. 32; 1995 a. 77; 1999 a. 188; 2005 a. 187.

23 **SECTION 16.** 252.11 (10) of the statutes is amended to read:

1           252.11 (10) The state laboratory of hygiene shall examine specimens for the  
2           diagnosis of sexually transmitted diseases for any physician, physician assistant,  
3           advanced practice nurse prescriber, or local health officer in the state, and shall  
4           report the positive results of the examinations to the local health officer and to the  
5           department. All laboratories performing tests for sexually transmitted diseases  
6           shall report all positive results to the local health officer and to the department, with  
7           the name of the physician, physician assistant, or advanced practice nurse prescriber  
8           to whom reported.

**History:** 1971 c. 42, 125; 1973 c. 90; 1975 c. 6; 1975 c. 383 s. 4; 1975 c. 421; 1981 c. 291; 1991 a. 269; 1993 a. 27 s. 297; Stats. 1993 s. 252.11; 1993 a. 32; 1995 a. 77; 1999 a. 188; 2005 a. 187.

9           **SECTION 17.** 252.14 (1) (ar) 14. of the statutes is amended to read:

10          252.14 (1) (ar) 14. A physician assistant ~~licensed under ch. 448.~~<sup>✓</sup>

**History:** 1989 a. 201; 1991 a. 32, 39, 160, 189, 269, 315; 1993 a. 27 ss. 326 to 331; Stats. 1993 s. 252.14; 1993 a. 105, 190, 252, 443; 1993 a. 490 s. 143; 1993 a. 491, 495; 1995 a. 27 ss. 6322, 9145 (1); 1997 a. 27, 35, 67, 75, 175; 1999 a. 9, 32, 180; 2001 a. 70, 80, 89; 2005 a. 22; 2007 a. 130.

11          **SECTION 18.** 252.15 (2) (a) 7. ak. of the statutes is amended to read:

12          252.15 (2) (a) 7. ak. A physician, physician assistant, or advanced practice  
13          nurse prescriber, based on information provided to the physician, physician  
14          assistant, or advanced practice nurse prescriber, determines and certifies in writing  
15          that the affected person has been significantly exposed. The certification shall  
16          accompany the request for testing and disclosure. If the affected person who is  
17          significantly exposed is a physician, physician assistant, or advanced practice nurse  
18          prescriber, he or she may not make this determination or certification. The  
19          information that is provided to a physician, physician assistant, or advanced practice  
20          nurse prescriber to document the occurrence of a significant exposure and the  
21          physician's, physician assistant's, or advanced practice nurse prescriber's  
22          certification that an affected person has been significantly exposed, under this subd.  
23          7. ak., shall be provided on a report form that is developed by the department of

1 commerce under s. 101.02 (19) (a) or on a report form that the department of  
2 commerce determines, under s. 101.02 (19) (b), is substantially equivalent to the  
3 report form that is developed under s. 101.02 (19) (a).✓

**History:** 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269; 1993 a. 16 s. 2567; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19); 1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74, 103, 105; 2003 a. 271; 2005 a. 155, 187, 266, 344, 387; 2007 a. 97, 106, 130; 2009 a. 28.

4 **SECTION 19.** 252.15 (5) (a) 11. of the statutes is amended to read:

5 252.15 (5) (a) 11. To a person, including a person exempted from civil liability  
6 under the conditions specified under s. 895.48, 895.4802, or 895.4803, who renders  
7 to the victim of an emergency or accident emergency care during the course of which  
8 the emergency caregiver is significantly exposed to the emergency or accident victim,  
9 if a physician, physician assistant, or advanced practice nurse prescriber, based on  
10 information provided to the physician, physician assistant, or advanced practice  
11 nurse prescriber, determines and certifies in writing that the emergency caregiver  
12 has been significantly exposed and if the certification accompanies the request for  
13 disclosure.✓

**History:** 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269; 1993 a. 16 s. 2567; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19); 1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74, 103, 105; 2003 a. 271; 2005 a. 155, 187, 266, 344, 387; 2007 a. 97, 106, 130; 2009 a. 28.

14 **SECTION 20.** 252.15 (5) (a) 12. b. of the statutes is amended to read:

15 252.15 (5) (a) 12. b. The coroner, medical examiner, or appointed assistant is  
16 significantly exposed to a person whose death is under direct investigation by the  
17 coroner, medical examiner, or appointed assistant, if a physician, physician  
18 assistant, or advanced practice nurse prescriber, based on information provided to  
19 the physician, physician assistant, or advanced practice nurse prescriber,  
20 determines and certifies in writing that the coroner, medical examiner, or appointed

1 assistant has been significantly exposed and if the certification accompanies the  
2 request for disclosure.✓

**History:** 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269; 1993 a. 16 s. 2567; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19); 1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74, 103, 105; 2003 a. 271; 2005 a. 155, 187, 266, 344, 387; 2007 a. 97, 106, 130; 2009 a. 28.

3 **SECTION 21.** 252.15 (5) (a) 14. of the statutes is amended to read:

4 252.15 (5) (a) 14. If the test results of a test administered to an individual are  
5 positive and the individual is deceased, by the individual's attending physician,  
6 physician assistant, or advanced practice nurse prescriber, to persons, if known to  
7 the physician, physician assistant, or advanced practice nurse prescriber, with  
8 whom the individual has had sexual contact or has shared intravenous drug use  
9 paraphernalia.✓

**History:** 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269; 1993 a. 16 s. 2567; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19); 1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74, 103, 105; 2003 a. 271; 2005 a. 155, 187, 266, 344, 387; 2007 a. 97, 106, 130; 2009 a. 28.

10 **SECTION 22.** 252.15 (5m) (a) of the statutes is amended to read:

11 252.15 (5m) (a) If a person, including a person exempted from civil liability  
12 under the conditions specified under s. 895.48, 895.4802, or 895.4803, who renders  
13 to the victim of an emergency or accident emergency care during the course of which  
14 the emergency caregiver is significantly exposed to the emergency or accident victim  
15 and the emergency or accident victim subsequently dies prior to testing for the  
16 presence of HIV, antigen or nonantigenic products of HIV, or an antibody to HIV; if  
17 a physician, physician assistant, or advanced practice nurse prescriber, based on  
18 information provided to the physician, physician assistant, or advanced practice  
19 nurse prescriber, determines and certifies in writing that the emergency caregiver  
20 has been significantly exposed; and if the certification accompanies the request for  
21 testing and disclosure. Testing of a corpse under this paragraph shall be ordered by

1 the coroner, medical examiner, or physician who certifies the victim's cause of death  
2 under s. 69.18 (2) (b), (c) or (d). ✓

**History:** 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269; 1993 a. 16 s. 2567; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19); 1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74, 103, 105; 2003 a. 271; 2005 a. 155, 187, 266, 344, 387; 2007 a. 97, 106, 130; 2009 a. 28.

3 **SECTION 23.** 252.15 (5m) (b) of the statutes is amended to read:

4 252.15 (5m) (b) If a funeral director, coroner, medical examiner, or appointed  
5 assistant to a coroner or medical examiner who prepares the corpse of a decedent for  
6 burial or other disposition or a person who performs an autopsy or assists in  
7 performing an autopsy is significantly exposed to the corpse; if a physician, physician  
8 assistant, or advanced practice nurse prescriber, based on information provided to  
9 the physician, physician assistant, or advanced practice nurse prescriber,  
10 determines and certifies in writing that the funeral director, coroner, medical  
11 examiner, or appointed assistant has been significantly exposed; and if the  
12 certification accompanies the request for testing and disclosure. Testing of a corpse  
13 under this paragraph shall be ordered by the attending physician, physician  
14 assistant, or advanced practice nurse prescriber of the funeral director, coroner,  
15 medical examiner, or appointed assistant who is so exposed. ✓

**History:** 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269; 1993 a. 16 s. 2567; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19); 1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74, 103, 105; 2003 a. 271; 2005 a. 155, 187, 266, 344, 387; 2007 a. 97, 106, 130; 2009 a. 28.

16 **SECTION 24.** 252.15 (5m) (c) of the statutes is amended to read:

17 252.15 (5m) (c) If a health care provider or an agent or employee of a health  
18 care provider is significantly exposed to the corpse or to a patient who dies  
19 subsequent to the exposure and prior to testing for the presence of HIV, antigen or  
20 nonantigenic products of HIV, or an antibody to HIV; if a physician, physician  
21 assistant, or advanced practice nurse prescriber who is not the health care provider,  
22 based on information provided to the physician, physician assistant, or advanced

1 practice nurse prescriber, determines and certifies in writing that the health care  
2 provider, agent, or employee has been significantly exposed; and if the certification  
3 accompanies the request for testing and disclosure. Testing of a corpse under this  
4 paragraph shall be ordered by the physician, physician assistant, or advanced  
5 practice nurse prescriber who certifies that the significant exposure has occurred.✓

**History:** 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269;  
1993 a. 16 s. 2567; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19);  
1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74, 103, 105; 2003 a. 271; 2005 a. 155, 187, 266, 344, 387; 2007  
a. 97, 106, 130; 2009 a. 28.

6 **SECTION 25.** 252.15 (7m) (intro.) of the statutes is amended to read:

7 **252.15 (7m) REPORTING OF PERSONS SIGNIFICANTLY EXPOSED.** (intro.) If a positive,  
8 validated test result is obtained from a test subject, the test subject's physician,  
9 physician assistant, or advanced practice nurse prescriber who maintains a record  
10 of the test result under sub. (4) (c) may report to the state epidemiologist the name  
11 of any person known to the physician, physician assistant, or advanced practice  
12 nurse prescriber to have been significantly exposed to the test subject, only after the  
13 physician, physician assistant, or advanced practice nurse prescriber has done all of  
14 the following:✓

**History:** 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269;  
1993 a. 16 s. 2567; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19);  
1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74, 103, 105; 2003 a. 271; 2005 a. 155, 187, 266, 344, 387; 2007  
a. 97, 106, 130; 2009 a. 28.

15 **SECTION 26.** 252.15 (7m) (b) of the statutes is amended to read:

16 **252.15 (7m) (b)** Notified the test subject that the name of any person known  
17 to the physician, physician assistant, or advanced practice nurse prescriber to have  
18 been significantly exposed to the test subject will be reported to the state  
19 epidemiologist.✓

**History:** 1985 a. 29, 73, 120; 1987 a. 70 ss. 13 to 27, 36; 1987 a. 403 ss. 136, 256; 1989 a. 200; 1989 a. 201 ss. 11 to 25, 36; 1989 a. 298, 359; 1991 a. 269;  
1993 a. 16 s. 2567; 1993 a. 27 ss. 332, 334, 337, 340, 342; Stats. 1993 s. 252.15; 1993 a. 32, 183, 190, 252, 395, 491; 1995 a. 27 ss. 6323, 9116 (5), 9126 (19);  
1995 a. 77, 275; 1997 a. 54, 80, 156, 188; 1999 a. 9, 32, 79, 151, 162, 188; 2001 a. 38, 59, 69, 74, 103, 105; 2003 a. 271; 2005 a. 155, 187, 266, 344, 387; 2007  
a. 97, 106, 130; 2009 a. 28.

20 **SECTION 27.** 252.16 (3) (c) (intro.) of the statutes is amended to read:

1           252.16 (3) (c) (intro.) Has submitted to the department a certification from a  
2   physician, as defined in s. 448.01 (5), physician assistant, or advanced practice nurse  
3   prescriber of all of the following:✓

**History:** 1989 a. 336; 1991 a. 269; 1993 a. 16 ss. 2587, 2588; 1993 a. 27 ss. 386 to 389; Stats. 1993 s. 252.16; 1993 a. 491; 1995 a. 27; 1997 a. 27; 2001 a. 38; 2005 a. 187; 2007 a. 20; 2009 a. 28.

4           **SECTION 28.** 252.17 (3) (c) (intro.) of the statutes is amended to read:

5           252.17 (3) (c) (intro.) Has submitted to the department a certification from a  
6   physician, as defined in s. 448.01 (5), physician assistant, or advanced practice nurse  
7   prescriber of all of the following:✓

**History:** 1991 a. 269; 1993 a. 16 ss. 2589, 2590; 1993 a. 27 ss. 390 to 394; Stats. 1993 s. 252.17; 1993 a. 491; 1997 a. 27; 1999 a. 103; 2005 a. 187; 2009 a. 28.

8           **SECTION 29.** 252.18 of the statutes is amended to read:

9           **252.18 Handling foods.** No person in charge of any public eating place or  
10   other establishment where food products to be consumed by others are handled may  
11   knowingly employ any person handling food products who has a disease in a form  
12   that is communicable by food handling. If required by the local health officer or any  
13   officer of the department for the purposes of an investigation, any person who is  
14   employed in the handling of foods or is suspected of having a disease in a form that  
15   is communicable by food handling shall submit to an examination by the officer or  
16   by a physician, physician assistant, or advanced practice nurse prescriber  
17   designated by the officer. The expense of the examination, if any, shall be paid by the  
18   person examined. Any person knowingly infected with a disease in a form that is  
19   communicable by food handling who handles food products to be consumed by others  
20   and any persons knowingly employing or permitting such a person to handle food  
21   products to be consumed by others shall be punished as provided by s. 252.25.✓

**History:** 1981 c. 291; 1993 a. 27 s. 298; Stats. 1993 s. 252.18; 2005 a. 187.

22           **SECTION 30.** 343.16 (5) (a) of the statutes is amended to read:



1           343.16 (5) (a) The secretary may require any applicant for a license or any  
2   licensed operator to submit to a special examination by such persons or agencies as  
3   the secretary may direct to determine incompetency, physical or mental disability,  
4   disease, or any other condition that might prevent such applicant or licensed person  
5   from exercising reasonable and ordinary control over a motor vehicle. If the  
6   department requires the applicant to submit to an examination, the applicant shall  
7   pay for the examination. If the department receives an application for a renewal or  
8   duplicate license after voluntary surrender under s. 343.265 or receives a report from  
9   a physician, physician assistant, as defined in s. 448.01 (6),<sup>✓</sup> advanced practice nurse  
10   prescriber certified under s. 441.16 (2), or optometrist under s. 146.82 (3), or if the  
11   department has a report of 2 or more arrests within a one-year period for any  
12   combination of violations of s. 346.63 (1) or (5) or a local ordinance in conformity with  
13   s. 346.63 (1) or (5) or a law of a federally recognized American Indian tribe or band  
14   in this state in conformity with s. 346.63 (1) or (5), or s. 346.63 (1m), 1985 stats., or  
15   s. 346.63 (2) or (6) or 940.25, or s. 940.09 where the offense involved the use of a  
16   vehicle, the department shall determine, by interview or otherwise, whether the  
17   operator should submit to an examination under this section. The examination may  
18   consist of an assessment. If the examination indicates that education or treatment  
19   for a disability, disease or condition concerning the use of alcohol, a controlled  
20   substance or a controlled substance analog is appropriate, the department may order  
21   a driver safety plan in accordance with s. 343.30 (1q). If there is noncompliance with  
22   assessment or the driver safety plan, the department shall revoke the person's  
23   operating privilege in the manner specified in s. 343.30 (1q) (d).<sup>✓</sup>

**History:** 1971 c. 164 s. 83; 1973 c. 90, 176; 1975 c. 36, 199; 1977 c. 29 ss. 1456, 1654 (7) (a), (c); 1977 c. 273, 418; 1979 c. 34 ss. 1067m, 2102 (52) (a); 1979 c. 221, 345; 1981 c. 20; 1983 a. 74, 243, 534, 538; 1985 a. 65, 337; 1987 a. 3, 40, 215; 1989 a. 31, 105, 359; 1991 a. 21, 32, 39, 316; 1993 a. 16, 19, 183, 399; 1995 a. 27 s. 9145 (1); 1995 a. 113, 195, 448; 1997 a. 27, 84, 237; 1999 a. 32, 140; 2001 a. 105; 2003 a. 33; 2005 a. 187, 253, 466; 2007 a. 20, 68, 97, 162; 2009 a. 28.

1           **SECTION 31.** 448.03 (5) (b) of the statutes is amended to read:

2           448.03 (5) (b) No physician or physician assistant shall be liable for any civil  
3 damages for either of the following:✓

4           1. Reporting in good faith to the department of transportation under s. 146.82  
5 (3) a patient's name and other information relevant to a physical or mental condition  
6 of the patient which in the physician's or physician assistant's judgment impairs the  
7 patient's ability to exercise reasonable and ordinary control over a motor vehicle.✓

8           2. In good faith, not reporting to the department of transportation under s.  
9 146.82 (3) a patient's name and other information relevant to a physical or mental  
10 condition of the patient which in the physician's or physician assistant's judgment  
11 does not impair the patient's ability to exercise reasonable and ordinary control over  
12 a motor vehicle.✓

**History:** 1975 c. 383, 421; 1977 c. 164; 1979 a. 317; 1985 a. 29; 1987 a. 40, 399; 1989 a. 31, 229; 1991 a. 23; 1993 a. 105, 107, 490; 1995 a. 27, 201; 1997 a. 67, 176, 311; 1999 a. 32, 180; 2001 a. 89; 2005 a. 96, 292; 2007 a. 97; 2009 a. 42.

13           **SECTION 32.** 448.56 (1) of the statutes is amended to read:

14           448.56 (1) WRITTEN REFERRAL. Except as provided in this subsection and s.  
15 448.52, a person may practice physical therapy only upon the written referral of a  
16 physician, physician assistant, chiropractor, dentist, podiatrist, or advanced practice  
17 nurse prescriber certified under s. 441.16 (2). Written referral is not required if a  
18 physical therapist provides services in schools to children with disabilities, as  
19 defined in s. 115.76 (5), pursuant to rules promulgated by the department of public  
20 instruction; provides services as part of a home health care agency; provides services  
21 to a patient in a nursing home pursuant to the patient's plan of care; provides services  
22 related to athletic activities, conditioning, or injury prevention; or provides services  
23 to an individual for a previously diagnosed medical condition after informing the  
24 individual's physician, physician assistant, chiropractor, dentist, podiatrist, or

1 advanced practice nurse prescriber certified under s. 441.16 (2) who made the  
2 diagnosis. The affiliated credentialing board may promulgate rules establishing  
3 additional services that are excepted from the written referral requirements of this  
4 subsection.✓

**History:** 1993 a. 107 ss. 54, 59; 1995 a. 27 s. 9145 (1); 1997 a. 27, 164; 2001 a. 70; 2003 a. 154; 2005 a. 187.

5 **SECTION 33.** 448.56 (1m) (b) of the statutes is amended to read:

6 448.56 (1m) (b) The affiliated credentialing board shall promulgate rules  
7 establishing the requirements that a physical therapist must satisfy if a physician,  
8 physician assistant, chiropractor, dentist, podiatrist, or advanced practice nurse  
9 prescriber makes a written referral under sub. (1). The purpose of the rules shall be  
10 to ensure continuity of care between the physical therapist and the health care  
11 practitioner.✓

**History:** 1993 a. 107 ss. 54, 59; 1995 a. 27 s. 9145 (1); 1997 a. 27, 164; 2001 a. 70; 2003 a. 154; 2005 a. 187.

12 **SECTION 34.** 448.67 (2) of the statutes is amended to read:

13 448.67 (2) SEPARATE BILLING REQUIRED. Except as provided in sub. (4), a licensee  
14 who renders any podiatric service or assistance, or gives any podiatric advice or any  
15 similar advice or assistance, to any patient, podiatrist, physician, physician  
16 assistant, advanced practice nurse prescriber certified under s. 441.16 (2),  
17 partnership, or corporation, or to any other institution or organization, including a  
18 hospital, for which a charge is made to a patient, shall, except as authorized by  
19 Title 18 or Title 19 of the federal Social Security Act, render an individual statement  
20 or account of the charge directly to the patient, distinct and separate from any  
21 statement or account by any other podiatrist, physician, physician assistant,  
22 advanced practice nurse prescriber, or other person.✓

**History:** 1997 a. 175; 2005 a. 187.

23 **SECTION 35.** 450.01 (15r) of the statutes is created to read:

24 450.01 (15r) "Physician assistant" has the meaning given in s. 448.01 (6).✓

**SECTION 36.** 450.01<sup>1</sup> (16) (h) 3. of the statutes is created to read:

450.01 (16) (h) 3. The patient's physician assistant. ✓

**SECTION 37.** 450.11 (7) (b) of the statutes is amended to read:

450.11 (7) (b) Information communicated to a physician, physician assistant,  
or advanced practice nurse prescriber in an effort to procure unlawfully a  
prescription drug or the administration of a prescription drug is not a privileged  
communication.✓

**History:** 1985 a. 146; 1997 a. 27, 175, 283; 2001 a. 109; 2005 a. 187, 195, 196, 242; 2007 a. 97.

**SECTION 38.** 450.11 (8) (b) of the statutes is amended to read:

450.11 (8) (b) The medical examining board, insofar as this section applies to physicians and physician assistants. ✓

**History:** 1985 a. 146; 1997 a. 27, 175, 283; 2001 a. ~~109~~; 2005 a. 187, 195, 196, 242; 2007 a. 97.

**SECTION 39.** 450.13 (5) (c) of the statutes is created to read:

**450.13 (5) (c) The patient's physician assistant.**

**(END)**

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education, training, and examination requirements of the Nursing Board. Also under current law, the Medical Examining Board grants physician assistant licenses to individuals who meet training and examination requirements and any other requirements established in rules promulgated by the Medical Examining Board.

The following provisions under current law authorize physicians or other health care professionals to act under specified circumstances and to affect individuals by these authorized actions:

1. Unless medically contraindicated as documented by a nursing home or community-based residential facility resident's physician in the resident's medical record, the resident has the right to private and unrestricted communications with his or her family, physician, attorney, and others; to share a room with his or her spouse if the spouse is also a resident; to participate in activities of social, religious, and community groups; and to be free from chemical and physical restraints.

2. Home health services that are provided to an individual by a home health agency must be those specified under a plan for furnishing the services that is established and periodically reviewed by a physician.

3. For hearings before the local board of review concerning assessments of property taxes, an ill or disabled person who presents to the board a letter from a physician or osteopath confirming the illness or disability may present testimony by telephone.

4. Under laws relating to confidentiality of patient health care records, a physician who treats a patient whose physical or mental condition, in the physician's judgment, affects his or her ability to exercise reasonable and ordinary control over a motor vehicle may, without the patient's informed consent, report the patient's name and other information to the Department of Transportation. Physicians are exempted from civil liability for reporting, or not reporting, this information in good faith.

5. Under laws relating to communicable diseases:

a. The Department of Health and Family Services (DHFS) may order an individual who has a confirmed diagnosis of infectious tuberculosis or symptoms indicative of tuberculosis confined to a facility if several conditions are met, including notifying a court of the confinement and providing to the court a physician's written statement affirming the tuberculosis or symptoms.

b. If a court orders confinement of an individual with infectious tuberculosis or symptoms indicative of tuberculosis, the individual must remain confined until DHFS or a local health officer, with the concurrence of a treating physician, determines that treatment is complete or that the individual is no longer a public health threat.

c. If, following a request by an officer of DHFS or a local health officer, a person reasonably suspected of being infected with a sexually transmitted disease refuses or neglects examination by a physician or treatment, the DHFS officer or local health officer may have the person committed to an institution for examination, treatment, or observation.

d. If a person with a sexually transmitted disease ceases or refuses treatment before reaching what is in a physician's opinion the noncommunicable stage, the

or domestic partner

## ASSEMBLY BILL 683

physician must notify DHHS and the person may be committed for treatment by DHHS, a local health officer, or a court.

e. If a physician has reported to DHHS a case of sexually transmitted disease, information regarding the disease and its treatment is not privileged before a court.

f. The State Laboratory of Hygiene must examine specimens for the diagnosis of sexually transmitted disease for any physician or local health officer and must report positive results to the local health officer and DHHS.

g. If certain individuals, including emergency medical technicians, fire fighters, state patrol officers, jailers, emergency care givers, and coroners, receive a significant exposure (sustain a contact that has a potential for transmission of HIV), the person to whom they are significantly exposed may be compelled to be tested for the presence of HIV, and the test results may be provided to the affected individual. One prerequisite for compulsory testing is a written determination and certification by a physician that the individual has been significantly exposed.

h. If a test administered to a corpse indicates the presence of HIV, the deceased person's physician may provide the results of the test to persons whom the physician knows have had sexual contact or shared intravenous drug use paraphernalia with the deceased person; to emergency caregivers; and to funeral directors, coroners, and medical examiners who prepare a corpse for burial or who are significantly exposed to HIV in the course of performing an autopsy.

i. If a local health officer or DHHS officer requires it, a person who is employed in the handling of food products or is suspected of having a disease in a form that is communicable by food handling must submit to an examination by the officer or by a physician.

6. Under occupational regulation laws relating to physical therapists, a physical therapist may practice only on the written referral of a physician, chiropractor, dentist, or podiatrist, except under certain conditions, including providing services to an individual for a previously diagnosed medical condition after informing the individual's physician, chiropractor, dentist, or podiatrist.

7. Under occupational regulation laws relating to podiatrists, a podiatrist who renders chargeable services to, among others, a patient or physician, must render a statement of the charge directly to the person served.

8. Under laws relating to the practice of pharmacy, current law does the following:

a. Defines the term "practice of pharmacy" to include making therapeutic alternate drug selections in accordance with written guidelines or procedures approved by a hospital and by a physician for his or her patients for hospital stay.

b. Provides that information communicated to a physician in an effort unlawfully to procure a prescription drug is not privileged communication.

c. Requires the enforcement of prescription drug laws that apply to physicians to be the responsibility of the Department of Regulation and Licensing and the Medical Examining Board.

d. Exempts pharmacists from requirements that they provide certain information when dispensing a drug product equivalent, if the patient is in a hospital.

j. Certain individuals are eligible to receive premium subsidies for health insurance or medical leave premiums if a physician certifies that the individual has been infected with HIV.

**ASSEMBLY BILL 683**

and the drug product equivalent is dispensed in accordance with guidelines approved by, among others, the patient's physician.

This bill expands the current laws described above that authorize physicians to act under specified circumstances and to affect individuals by these authorized actions, by similarly authorizing advanced practice nurse prescribers and individuals licensed as physician assistants. With respect to approving therapeutic alternate drug selections and exempting pharmacists from certain requirements related to dispensing drug product equivalents (items 8 a. and d. above), the bill authorizes an advanced practice nurse prescriber to act only if the advanced practice nurse prescriber has entered into a written agreement to collaborate with a physician.

For further information see the **state and local** fiscal estimate, which will be printed as an appendix to this bill.

END INS A

***The people of the state of Wisconsin, represented in senate and assembly, do enact as follows:***

Currently, an advanced practice nurse prescriber may act in the same manner physicians may act in the instances specified above.

SECTION 1. 50.01 (1b) of the statutes is created to read:

50.01 (1b) "Advanced practice nurse prescriber" means an advanced practice nurse who is certified under s. 441.16 (2) to issue prescription orders.

SECTION 2. 50.01 (4p) of the statutes is created to read:

50.01 (4p) "Physician assistant" has the meaning given in s. 448.01 (6).

SECTION 3. 50.09 (1) (a) (intro.) of the statutes is amended to read:

50.09 (1) (a) (intro.) Private and unrestricted communications with the resident's family, physician, advanced practice nurse prescriber, physician assistant, attorney, and any other person, unless medically contraindicated as documented by the resident's physician, advanced practice nurse prescriber, or physician assistant in the resident's medical record, except that communications with public officials or with the resident's attorney shall not be restricted in any event. The right to private and unrestricted communications shall include, but is not limited to, the right to:

SECTION 4. 50.09 (1) (f) 1. of the statutes is amended to read:

4/9 4:44 pm

-4339/1

Jacket wanted  
Sometime Monday.

FOR SENATE

per Mary Cornell

in ~~Sen.~~ Kretlow office.